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**Regis University**  
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OLDER ADULTS AS VOLUNTEERS: PERCEPTIONS  
OF THEIR PHYSICAL AND MENTAL HEALTH

By

Katie Elliott

A Master's Thesis Presented in Partial Fulfillment  
of the Requirements for the Degree  
Master of Science, Health Services Administration

Regis University

December 2010

FINAL APPROVAL OF MASTER'S PROJECT

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Katie Elliott

OLDER ADULTS AS VOLUNTEERS: PERCEPTIONS OF THEIR PHYSICAL AND  
MENTAL HEALTH  
QUALITATIVE RESEARCH

Submitted in partial fulfillment of requirements for the

Master of Science in Health Services

Administration degree at Regis University

Primary Research Advisor:

Tristen Amador, PhD, MSW

Date: December 4, 2010

## **Abstract**

Older Americans no longer see retirement as an “endless vacation,” but increasingly as an active, engaged phase of life that includes volunteer work. Older adults have proven to be a group that participates extensively in volunteer work (Mutchler, Burr & Caro, 2003). Volunteering may benefit the volunteers themselves as well as the organizations and individuals they serve. Several mechanisms have been hypothesized by which volunteering is linked to improved well-being, health, and longevity. For example, volunteering provides increased opportunity for social contacts and facilitates access to social resources such as emotional, cognitive and material, and health related information (Luoh & Herzog, 2002). *Objective* There is substantial evidence to support the health benefits of volunteering by older adults. However, there was not substantial evidence of older adult volunteer’s perceptions of their physical and mental health as volunteers. *Methods* A literature review was conducted to substantiate findings by researchers including a growing body of research that indicates volunteering provides individual health benefits in addition to social benefits. Qualitative research was conducted by interviewing ten older adult volunteers. Data were transcribed and emerging themes were incorporated into a code book. Reliability was ascertained by using a second coder and Cohen’s Kappa reliability guidelines. *Results* The idea of volunteering represented an opportunity for the people interviewed to feel useful, help others, give back to their community, and feel socially engaged and connected. As a result of these activities the volunteers felt volunteering made them more aware of how they felt physical and mentally when they volunteered.

Volunteering provided these individuals with a healthy boost to their self-confidence, self-esteem, and life satisfaction. Volunteering gave them more energy, kept them active, and challenged them mentally. *Conclusion* Older adults recognize a definite relationship between their volunteer activities and positive perceptions of their physical and mental health.

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## Chapter 1 - **Introduction**

Within the recent past, older adults frequently disappeared from mainstream activities of society. This trend, however, and the image of the frail older adult is quickly being replaced. Life expectancy at the turn of the century was approximately 46 years; today it is approximately 76 years (Brook, 2007).

The older population, persons 65 years or older, numbered 38.9 million in 2008 and they represent 12.8% of the U.S. population, or a little over one in every eight Americans (Administration on Aging, 2009). This represents a population of people who have gained a lifetime of experience. Their contributions of skills, knowledge, and expertise can make a real difference to non-profits, faith-based, and other community organizations (Aging Partners, 2009). This population shows no signs of slowing down or decreasing in size. It is nearly impossible to clearly define or label such a diverse group of people, but diversity is one of their greatest assets and strengths. They have the potential to be as great an influence on the future of America as this country's past was on them (Brock, 2007).

According to data from the September 2005 Current Population Survey (CPS) an estimated 65.4 million people in the United States are engaged in formal volunteerism. Similar estimates were obtained from the 2002 Health and Retirement Study, in that about 32.7% of respondents, age 55 years and over, reported engagement in formal

volunteerism, while 51.7% reported engagement in informal volunteerism (Zedlewski & Schaner, 2005).

Indeed, a definition of volunteerism that extends beyond the boundaries of formal voluntary activities provides a fuller picture of the social engagement of baby boomers and older adults (Rozario, 2006).

Of specific interest within this group of older adults is the baby boomer population. Numerous existing studies have discussed the baby boomers' shift of the traditional retirement model. Included in this study is the ever-present statistic that 80% of boomers plan to stay employed in some way past the traditional retirement age, opting to work part-time, change careers, or volunteer their services rather than ceasing to work (Hurst, Firestone, & O'Grady, 2010).

As boomers evaluate new volunteer activities in particular, many report an emphasis on ownership of their work, and the attached outcomes, desiring opportunities that leverage their personal skills, rather than engage them as generic volunteers (Philanthropy for Active Civic Engagement, 2006). Baby boomers see volunteer service as a core part of their life going forward. They are looking for clear, effective, and well-managed volunteer opportunities that will leverage their skills and experiences and can be flexibly integrated into their schedules (Hurst, Firestone, & O'Grady, 2010).

Older Americans no longer see retirement as an "endless vacation," but increasingly as an active, engaged phase of life that includes volunteer work. Additionally, some are not retiring at all they are just revising their work schedules.

According to a 2002 survey and involved, to start new activities, and to set new goals” (Hart, 2002, p. 8). The volunteer potential has never been stronger, the need has never been greater, and the time to get involved has never been better. As an increasing number of older adults make the decision to volunteer this research study will ask the following question.

### *Research Question*

How do older adults perceive the impact of volunteerism on their physical and mental health?

### *Justification for the Study*

A 2003 survey conducted for the American Association of Retired Persons found that many Americans between the ages of 50 and 70 plan to be active far into what has traditionally been viewed as their "retirement years" (Brown, 2003, p 6). Nearly half of all pre-retirees (45%) expect to continue to remain active into their 60s or later. Of this group, 27% said they would continue until they were in their 70s, and 18% said "80 or older," "never stop being active," or "as long as they are able to remain active." The most common reasons given by pre-retirees for wanting to continue their level of activity in retirement were the desire to stay "mentally active" (87%) or "physically active" (85%), and the desire "to remain productive or useful" (77%). The result of these demographic trends is the emergence of a new life-stage between adulthood and true old age – which has been called the "third age" or "midcourse" or "my time" (Brown, 2003, p. 6).

According to Brown,

“The third stage is no longer a brief interlude between midlife and drastic decline. Instead, it has the potential to become the best stage of all, an age of liberation when individuals combine newfound freedoms with prolonged health and the chance to make some of their most important contributions to life” (Brown, 2003, p. 6).

Older Americans, like the rest of the public, believe that the world is a tougher place to live in today than it was just a few years ago. Despite all this negative news, older Americans are giving back to their communities in record numbers (Hart, 2003). Rather than feel defeated by the times, they stand determined to make a difference; rather than feel content to spend their retirements in relaxation, they feel committed to improving the world. For example, two in five (40%) of older Americans say that the September 11<sup>th</sup> attack on our nation made them more likely to volunteer. In addition, when it comes to the current stock market decline, only one in ten (11%) of older Americans say that economic conditions have made them less likely to continue to give of their time (Hart, 2002).

In October 2006, Congress passed and President George W. Bush signed the reauthorization of the Older American Act (Gomperts, 2006). Almost unnoticed in this legislation were the small steps added to begin developing new civic engagement options for older Americans. Specifically, the new Older American Act authorizes the head of the Administration on Aging to make grants to organizations that engage older adults in volunteer service to meet critical community needs (Gomperts, 2006). The legislation

also directs that area agencies on aging include civic engagement in their annual planning (Gomperts, 2006).

Volunteering makes people feel good about themselves, and this factor was found to be one of the most important reasons for volunteering in the Prudential Spirit of Community Adult Survey (1995). Other reasons included learning new skills, having roots in the community, a positive previous volunteer experience, the opportunity to give something back to the community, the social aspect of volunteering, and the public recognition (Prisuta, 2003).

Older adults have proven to be a group that participates extensively in volunteer work (Mutchler, Burr & Caro, 2003). Volunteering may benefit the volunteers themselves as well as the organizations and individuals they serve. Several mechanisms have been hypothesized by which volunteering is linked to improved well-being, health, and longevity. For example, volunteering provides increased opportunity for social contacts and facilitates access to social resources such as emotional, cognitive, and material, and health related information (Luoh and Herzog, 2002).

The two primary findings for physical health benefits are perceptions of better health and lower morbidity rates in older adults who volunteer (Wu, Tang, & Yan, 2005). Van Willigen (2000) analyzed data from more than 2,000 individuals and determined that older adults experienced greater changes in their perceived physical health in comparison to younger volunteers in a longitudinal analysis. The study found that those who

volunteered consistently rated their health better than those who did not volunteer (Wu, Tang & Yan, 2005). Evidence of mental health benefits of volunteering later in life have emerged in numerous studies. Findings suggest that being a volunteer predicted positive effects overall. Further, where other role identities (e.g. spouse, parent, or employee) were absent, the volunteer role increased the participant's sense of purpose in life (Barlow & Hainsworth, 2001; Narushima, 2003).

The remaining prominent health benefit of volunteerism in older adults is the influence on social health which refers to "that dimension of an individual's well-being that concerns how he gets along with other people, how other people react to him, and how he interacts with social institutions and societal mores" (Russell, 1973, p. 75). Research indicates that volunteering provides an important opportunity for social connectedness among older adults (Barlow & Hainsworth, 2001).

We have already begun the debate about the consequences of an aging America. So far that debate has focused almost exclusively on the additional costs to programs such as Social Security, Medicare, and Medicaid (Gomperts, 2006, p. 96). The time has come to begin utilizing this aging population in positive and productive ways.

#### *Implications of the Research for Healthcare Administrators*

Volunteer labor is valued by society, and the economic and practical benefits of using a volunteer workforce is often vital to an organization's purpose (Strigas, 2006). Since changes in federal funding for social services were enacted in the early eighties, the nonprofit sector has increasingly relied on volunteers to manage and deliver social

services (Hinterlong & Williamson, 2006). Older adults are prominent contributors to this work and form a significant portion of the membership of civic organizations (Sander & Putnam, 2006). In 2002, those age 55 and over contributed \$63 billion through formal and informal volunteering, and nearly \$100 billion in care for family members (Johnson & Schaner, 2005). These contributions offset the need for public and private expenditures, allowing those resources to be used elsewhere (Hinterlong & Williamson, 2006).

Volunteers have been present in healthcare settings for centuries and the results of studies indicate that the use of volunteers offers significant cost savings to hospitals and other healthcare organizations and enhances patient satisfaction scores (Hotchkiss, Fottler, & Unruh, 2009). Utilizing older adults as volunteers should become an integral part of any healthcare organization's strategic plan.



## Chapter 2 - Literature Review

As the end of life approaches and the associated time limits become more salient, a greater importance is placed on emotionally meaningful activities conducted in the present and a lower priority given to the pursuit of goals concerned with future achievements (Carstensen & Lockenhoff, 2003). Instead of focusing primarily on personal ambition, older adults derive increasing satisfaction from providing help to others and seeking the experience of physical and emotional health (Carstensen & Lockenhoff, 2003). Engaging in volunteer work could provide an important means for contributing to the needs of others that is in alignment with the emotionally meaningful and socially oriented goals that characterize later life (Luoh & Herzog, 2005). Researchers concerned with the consequences of volunteering have also highlighted the benefits of volunteering that arise from maintaining core psychological dispositions such as the need to contribute to the welfare of others (Luoh & Herzog, 2005).

A better understanding of the extent to which different domains of volunteer activity promote physical and mental health could have important implications for target programs designed to promote volunteering opportunities and well-being among older adults (Windsor, Anstey, & Rodgers, 2008). Findings suggest that volunteer programs can provide various organizational supports to older volunteers, especially to low socioeconomic status volunteers, in order to promote the socioemotional and health benefits of volunteering to older adults. Psychological well-being of older adults can be

improved by engagement in meaningful volunteer activities and contributions to others (Fengyan, EunHee, & Morrow-Howell, N, 2010)

The question is, “how do older adults perceive the impact of volunteerism on their physical and mental health?”

To study this issue and address the research question, chapter two will review literature including: (1) volunteering and physical and mental health; (2) volunteer dynamics of older Americans; (3) who benefits from volunteering, and; (4) civic engagement and older adults.

Volunteering has long been a common ethic in the United States, with people each year giving their time without any expectation of compensation. While these volunteer activities may be performed with the fundamental intention of helping others, there is also a common wisdom that those who give of themselves also receive (Corporation for National and Community Service, 2007). Research demonstrates that volunteering leads to better health and that older volunteers are the most likely to receive physical and mental health benefits from their volunteer activities (Corporation for National and Community Service, 2007).

The results of a survey of a large, ethnically-diverse sample of older adults showed no association between receiving social support and improved health; however, the study did find that those who gave social support to others had lower rates of mortality than those who did not (Brown, et al., 2005). It is important to note that this

study controlled for socioeconomic status, education, marital status, age, gender, and ethnicity (Brown, et al., 2005). Volunteering can provide a sense of purpose, as found in several studies of older adults. For example, in a study by Greenfield & Marks, formal volunteering moderated the loss of not feeling useful among older adults who had experienced the loss of major role identities, such as wage-earner and parent (Greenfield & Marks, 2004).

President Obama recently signed the Edward M. Kennedy Serve America Act, which will significantly increase volunteer service opportunities for older adults (Corporation for National and Community Service, 2009). Many older adults have a desire to participate in meaningful, productive activities; generative roles to help others can be particularly meaningful in later life. One venue to meet such goals is through volunteer roles to make the community better (Corporation for National and Community Service, 2007)

Perhaps the first and biggest benefit people get from volunteering is the satisfaction of incorporating service into their lives and making a difference in their community and their country (Mt. Baker Chapter, American Red Cross, 2009). The tangible benefits alone – such as pride, satisfaction, and accomplishment – are worthwhile reasons to volunteer. In addition, when volunteers share their time and talents they solve problems, strengthen communities, improve lives, connect to others, and transform their own lives. Through

volunteering people better their lives, as well as the life of their community. It is a way of giving back and repaying the debt when life has been good to them (Mt. Baker Chapter, American Red Cross, 2009)

Volunteering, in the past, was assumed to be an option only for older adults in excellent or very good health. Volunteer cohorts tend to be healthier than their peers, (Cai & Kalb 2006) while older adults who are ill or disabled were thought to have a variety of barriers to being able to volunteer, including decreased endurance and mobility, limiting medical symptoms and transportation challenges, as well as potentially unacceptable high levels of vulnerability to environmental challenges (Balandin, Llewellyn, et al., 2006).

Some might feel that engagement in volunteering for this population is unrealistic or risky and unlikely to provide health benefits or benefits to the organization. As a result, many volunteer programs, and even clinicians, may be reluctant to recommend such engagement for adults with multiple chronic health problems (Balandin, Llewellyn, et al., 2006).

There is compelling evidence, however, supporting the benefits of increased regular physical activity in older adults (Barron, Tan, Yu, et al., 2009). The Experience Corps program in Baltimore, Maryland was designed in part as a community based approach to increasing physical activity that would appeal to older adults who have historically not utilized health promotion programs. This study began as a pilot project in

a randomized, controlled trial in 1999 based on the design initially developed by Linda Fried and Marc Freedman (Martinez, Frick, Glass, et al., 2006). The Baltimore Experience Corps program places older volunteers in public elementary schools for 15 hours a week in roles designed to improve the academic outcomes of children and, simultaneously, increase the physical, cognitive and social activity of volunteers (Barron, Tan, Yu, et al., 2009).

Based on the results of the study of volunteer participants in the Baltimore Experience Corps program, older adults along a broad range of health status were able to participate successfully in high-intensity (15 hours/week over 4 – 8 months) volunteering in this program (Barron, Tan, Yu, et al., 2009). Of note, the report showed that improvements in health and functional status, for those initially in less than very good health were comparable to, or greater than, the changes seen in those who were in better health (Barron, Tan, Yu, et al., 2009). The information that satisfaction with volunteering does not vary with health and that the least healthy volunteers tended to be most likely to continue volunteering over time provides additional support for the experienced benefits (Barron, Tan, Yu, et al., 2009).

The high, long-term retention rates in this program, even for those in fair health, suggest that generative roles may provide a successful vehicle for a high and sustained “dose” of health promotion (Baron, Tan, Yu, et al., 2009). Generative is a word coined by Erik Erikson “to describe the satisfactions of the mature years of having generated thriving and productive ideas and activities’ (Pruett, 2000, p 1). It includes “an ongoing

commitment to growing, raising, breeding, or feeding something” (Pruett, 2000, p 1).

This analysis suggests that Experience Corps could serve as a public health intervention for older adults who have a disability and/or poor health, as well as for those in better health. If opportunities to participate in such programs are expanded to older adults with traditionally lower access to civic volunteering opportunities and health promotion, this could potentially bring health promotion to such communities (Barron, Tan, Yu, et al., 2009).

In general, volunteers in service programs in the U.S. have typically been white, female, highly educated, and with high incomes or have been recruited through religious organizations (Martinez, Frick, Glass, et al., 2006). At the same time, we know that population subsets with lower rates of volunteering are subject to greater health disparities, have greater unmet health promotion needs, and may have fewer volunteering opportunities (Martinez, Frick, Glass, et al., 2006). Specifically, lower levels of socioeconomic status (SES) are associated with poorer health and greater disability, reduced access to care and health seeking behaviors, lower access to activities that promote physical and cognitive activity, and greater health disparities at all ages (Martinez, Frick, Glass, et al., 2006). Therefore, older adults with lower income, and/or education, and fewer opportunities for productive activities might particularly benefit from generative social engagement through volunteering designed to have high impact on their communities (Martinez, Frick, Glass, et al., 2006).

As America ages, older adults' role in society and the contributions they make to their communities are gaining importance (Urban Institute, 2004). Research on volunteerism has been focused on the characteristics of volunteers and the benefits of volunteering for physical and mental health (Li & Ferraro, 2006). However, there has been little research on volunteer dynamics. For example, how many years do volunteers typically spend volunteering? What factors determine whether older individuals move into and out of volunteer activities? How do changes in family status, health, and employment affect decisions to start or stop volunteering? Who benefits from volunteering? (Butrica, Johnson, & Zedlewski, 2009).

Results of review of the literature revealed a number of common motivations for volunteering by older people. Specifically, older adults are motivated to volunteer because of desire to help others, the social aspects of volunteering, and opportunities to make a contribution to their community or society. In addition, older adults want to use their skills or share knowledge, to learn, develop new skills and be intellectually stimulated, or to feel good or feel needed (Petriwskyj & Warburton, 2007).

In terms of motivation, most studies find strong support for a helping motivation, which is not unexpected; however, few distinguish between helping and altruism (Maner et al., 2002). In many cases, a helping motivation, or the motive, "I want to/like to help people" is equated with, or described as, an altruistic motivation (Maner et al., 2002). No distinction is made in the literature between altruistic and self-advancement motives for

helping; rather, the assumption is often made that wanting to help others is necessarily an altruistic urge (Maner, et al., 2002). It is clear this distinction needs to be made in future studies, as these are two conceptually distinct motivations with important implications for both recruitment and volunteer outcomes (Maner, et al., 2002).

Of concern is that studies often fail to acknowledge the importance of diversity amongst volunteers and differences between volunteer activities. Marketers and volunteer managers are well aware that, in recruiting new volunteers, they must target and appeal to particular individuals or groups (Callow, 2004).

Potential older volunteers are hindered most commonly by health problems, work commitments, full schedules, and lack of time. These findings are potentially useful to volunteer administrators seeking to retain their volunteers or recruit new volunteers (Petriwskyj & Warburton, 2007). In particular, information such as this is critical because recruitment and retention strategies need to be based on the best available evidence regarding what motivates an individual to begin and continue volunteering, as well as what barriers exist to stop people giving their time (Callow, 2004; Bussell & Forbes, 2002).

Understanding more about the process of volunteering would help nonprofit organizations understand how personal characteristics and events affect the availability of volunteers and help policymakers understand the long-term importance of volunteering in older individual's lives (Butrica, Johnson, & Zedlewski, 2009). A fuller understanding of



potential barriers and facilitators to volunteerism may also help policymakers design the right kinds of opportunities to increase older Americans' productivity and engagement (Butrica, Johnson, & Zedlewski, 2009).

What matters for retaining current volunteers and recruiting new ones is past volunteer experience (Butrica, Johnson, & Zedlewski, 2009). For volunteers, this is determined by the number of volunteer hours as well as the number of years spent volunteering (Butrica, Johnson, & Zedlewski, 2009). Because older adults are much less likely to start volunteering than stop volunteering, initiatives could first focus on retaining current volunteers (Butrica, Johnson, & Zedlewski, 2009). Matching older adults with volunteer opportunities that match their personalities, experiences, and future goals might be one way to build stronger and longer lasting connections (Butrica, Johnson, & Zedlewski, 2009).

Research on the benefits of volunteering tends to focus on measuring the benefits of the volunteer activities on the health of the community, as well as the relationship between volunteering and other forms of social capital or civic engagement (Corporation for National and Community Service, 2007). There is first-time evidence that when a state has high volunteer rates, they are more than likely to have greater longevity and less incidence of heart disease (Corporation for National and Community Service, 2007). State policies designed to increase volunteering may serve to enhance the mental and physical well-being of the state's residents (Corporation for National and Community Service, 2007).

Of particular importance are the findings regarding the volunteering threshold, which indicates that in order for older volunteers to experience significant benefits from their volunteering activities, their level of commitment to these activities needs to be considerable, or on average, one or two hours per week (Corporation for National and Community Service, 2007). When states and organizations engage individuals in substantial volunteer experiences, these organizations not only help solve community problems, but simultaneously enhance the health of the growing number of older adults (Corporation for National and Community Service, 2007).

The examples of “who benefits” from volunteering are as varied as the opportunities to volunteer. One of the better known benefits of volunteering is the impact on the community. Unpaid volunteers are often the glue that holds a community together (Volunteering and its Surprising Benefits, 2010). The role that volunteers play in an organization greatly influences the success of the volunteer programs within that organization. Non-profit organizations benefit from giving volunteers a wide variety of ways to contribute to the operations of the organization (Balancing Act: The Challenges and Benefits of Volunteers, 2004).

The research shows that cultivation of a well-managed volunteer program is important in maximizing the benefits and minimizing the challenges of working with volunteers (Balancing Act: The Challenges and Benefits of Volunteers, 2004). The fact that volunteers are seen as beneficial to organizations is not surprising given that many organizations rely on them for daily operations or for the delivery of services.

Adequate support for volunteer involvement is also related to benefits in interesting ways. For example, organizations that have a problem allocating funds to support volunteer administration are more likely to tell the researchers that volunteers help them to achieve cost savings, provide services or levels of services that their organization could not otherwise provide, and supply specialized skills (Balancing Act: The Challenges and Benefits of Volunteers, 2004). Similarly, organizations that lack paid staff time to train and supervise volunteers are more likely to report that they benefit from the specialized skills of volunteers. When non-profit organizations lack resources for their volunteer programs, they are more likely to turn to volunteers to help them save money, maintain (or expand) service levels, and access skilled workers – even if the lack of resources keeps organizations from investing in management of these volunteers (Balancing Act: The Challenges and Benefits of Volunteers, 2004).

The burgeoning interest in civic engagement and older adults underscores the importance of critically exploring fundamental questions regarding why and how civic engagement is being promoted, and what this signifies about perceptions of aging (Martinson & Minkler, 2006).

The term *civic engagement* has been used in reference to a wide variety of activities, including voting, being involved in political campaigns, participating in paid and unpaid community work, staying up to date on news and public affairs, and helping one's neighbor (Ramakrishnan & Baldassare, 2004). In the influential report promoting

civic engagement among older adults, *Reinventing Aging: Baby Boomers and Civic Engagement*, the Harvard School of Public Health/MetLife Foundation Initiative on Retirement and Civic Engagement defines civic engagement as the process in which individuals are “actively participating in the life of their communities” (Harvard School of Public & MetLife Foundation, 2004, p. 3).

The growing interest in civic engagement and older adults underscores the importance of critically exploring fundamental questions regarding why and how civic engagement is being promoted, and what this signifies about perceptions of aging (Martinson & Minkler, 2006). In the case of civic engagement, if it is common sense that such engagement is good for older adults and for society, it is important to ask how that came to be and who decided it is true (Martinson, 2006). From there, other important questions can be explored. For example, what assumptions are being made in the promotion of civic engagement about the roles older adults might or should play in society (Martinson, 2006)? What expectations are being created for older adults and internalized by them (Martinson, 2006)? What happens to those who cannot or do not fulfill these roles and expectations, who are they likely to be, and will they experience adverse consequences because they do not fit into these roles (Martinson, 2006)? What types of civic engagement are being promoted and what types are being played down?

And finally, who is served by the promotion of these types of civic engagement (Martinson, 2006).

Productive engagement among older adults has gained attention in recent years as a result of the growing size of the older population, the increased functional capacity in that population, and the needs of society (Gonzales & Morrow-Howell, 2009). Today older adults can expect to live into their eighth decade, and they want more options to stay productively involved in making contributions to their family and community (Gonzales & Morrow-Howell, 2009).

One study found that volunteering among older adults (age 60 and over) provided benefits to both physical and mental health, while similar correlations were not found for mid-life adults who volunteer. The analysis also found that while depression is a barrier to volunteer participation in mid-life adults, it serves as a catalyst for volunteering among older adults, who may seek to compensate for role losses and attenuated social relations that occur with aging (Li & Ferraro, 2006).

Clearly, volunteerism is an integral part of aging-friendly community initiatives. But given the positive outcomes associated with the productive engagement of older adults and barriers to volunteering, there are some innovations that have developed in volunteer programming that could be incorporated more squarely into aging-friendly models (Gonzales & Morrow-Howell, 2009). Specifically, aging-friendly communities could work with their local businesses and corporations to involve older adults in

volunteering, encouraging the extension of work-based volunteer roles into retirement years. Nationally, there is movement toward development of more organized programs that specifically recruit older adults, and there are many model programs for a community to consider (Gonzales, E. and Morrow-Howell, N., 2009). It is clear that productive engagement of older adults is an important aspect of aging-friendly community initiatives.

Civic engagement also enables individuals to develop or reinforce knowledge and skills (Biggs, 2005). Some programs, such as the Legacy Leadership Institute, capitalize upon this proposition explicitly by providing structured opportunities for older adults to expand their leadership capacity, which they apply in other parts of their lives (Harlow-Rosentraub & Wilson, et al., 2005). Therefore, positive experiences with civic engagement foster socially positive attitudes and orientations, which motivate continued involvement in volunteering, mutual aid, and associated membership (Penner, 2005). That means civic engagement leads individuals to see themselves as capable and valuable members of their communities, which reinforces their willingness and desire to be engaged (Penner, 2005).

While all member of society are theoretically expected to participate in public life, not all are able or willing to do so. Advocates for older people emphasize that the talents, capabilities, and contributions of older individuals are often systematically discounted, artificially limiting their engagement (Hinterlong & Williamson, 2006).

Although we have made considerable progress toward eliminating ageism, significant challenges remain (Hinterlong & Williamson, 2006). It is true that an increasingly healthy, well-educated, and long-lived population affords us an unprecedented opportunity to engage a growing number of older adults in civic work (Hinterlong & Williamson, 2006). Civic engagement can renew and sustain us as individuals, as communities, and as a society and produce many positive outcomes, it is critical that individuals be able to choose freely whether or not to participate in civic life (Hinterlong & Williamson, 2006).

With an ever increasing number of adults reaching retirement age and older adults expressing a strong desire to remain actively involved in their communities; the proposed research question, “older adults as volunteers: perceptions of physical and mental health” warrants further investigation. Based on this literature review the formal research question and problem statement were formed. This is an important study to undertake so that communities utilizing older adult volunteers can realize the importance of this valuable resource, not only resulting in benefits for the communities but the individual volunteers as well.

### Chapter 3 – **Research Method**

The purpose of this study was to examine older adults as volunteers and their perception of physical and mental health.

#### *Methodology*

Qualitative research is a type of scientific research. In general terms, scientific research consists of an investigation that seeks answers to a question, systematically uses a predefined set of procedures to answer the question, collects evidence, produces findings that were not determined in advance, and produces findings that are applicable beyond the immediate boundaries of the study (Denzin & Lincoln, 2000). Additionally, qualitative research seeks to understand a given research problem or topic from the perspectives of the local population it involves. Qualitative research is especially effective in obtaining culturally specific information about the values, opinions, behaviors, and social contexts of particular populations (Denzin & Lincoln, 2000).

The strength of qualitative research is its ability to provide complex textual descriptions of how people experience a given research issue. It provides information about the “human” side of an issue – that is, the often contradictory behaviors, beliefs, opinions, emotions, and relationships of individuals (Denzin & Lincoln, 2000). Qualitative methods are also effective in identifying intangible factors, such as social norms, socioeconomic status, gender roles, ethnicity, and religion, whose role in the research issue may not be readily apparent (Denzin & Lincoln, 2000). Although findings



from qualitative data can often be extended to people with characteristics similar to those in the study population, gaining a rich and complex understanding of a specific social context or phenomenon typically takes precedence over eliciting data that can be generalized to other geographical areas or populations (Denzin & Lincoln, 2000).

### *Research Design*

Qualitative research methods were utilized to conduct this study. The research objectives were to determine how older adult volunteers perceive their physical and mental health when they volunteer. The included population for this research project was adults over the age of 55. The excluded population was adults under the age of 55. The included population were older adults currently volunteering in some capacity through the Senior Resource Center of Jefferson County, Colorado and the Colorado Aids Project of Denver County, Colorado. If individuals wanted to participate they were asked to contact the researcher through their volunteer agency. Prior to the agreed interview date, the researcher contacted the participants to remind them of their agreement to meet for the interview. The participants were given an informed consent approved by Regis University's Internal Review Board (IRB) (Appendix A) and asked to sign the form prior to the interviews. The individual participants were given a copy of the signed consent form if they chose to receive one. The form included the purpose of the study, explanation of the procedure, potential risks and discomforts, potential benefits, financial obligations, how to withdraw from the study, if they choose, whom to contact with questions, and assurance of confidentiality. To guarantee confidentiality, the

researcher kept each participants information strictly confidential by assigning two letter designators for each volunteer.

### *Sampling Strategy*

The sampling strategy for this research project was convenience and snowball sampling. Interviews were conducted which consisted of verbal conversation. Non-verbal behaviors and the interview context were noted by the researcher and become part of the data. Qualitative interviews place an emphasis on listening and following the direction of the participant/informant. A variety of open-end questions will be chosen to bring out the most information possible in the time available. Interviews can be done relatively quickly, with little expense, and are useful when a particular issue needs to be explored in depth. One drawback of interviews is related to the constraints imposed by language. The researcher kept this disadvantage in mind when performing the interviews. The types of questions asked framed the informants' responses, and this was taken into account by the researcher. This researcher used an interview guide which is provided in Appendix B.

Each interview consisted of the ten questions listed in the interview guide. It was estimated each interview would require 30 to 45 minutes to complete. The interviews were taped recorded and transcribed verbatim after the interviews were completed. The transcribed data was kept in a secure file both physically and on the researcher's laptop.

### *Method of Analysis*

At the heart of qualitative analysis is the discovery of themes.

There are many techniques available for determining themes. This researcher used the technique based on analysis of words, (word repetition) for the purpose of this project. Word repetition draws on simple observations – if you want to understand what people are talking about, look at the words they use. Words that occur a lot are often seen as being the most important in the minds of the participants (Stevens, 2009).

Irrespective of how the data is collected, the researcher ends up with a substantial number of written pages that need to be analyzed. The qualitative data collected in this research project included answers to open-end questions. A basic step in the analysis of open-ended questions was to list the answers of the ten participants in the interviews. The answers were read carefully, remembering the purpose of the question. For example, the question “what does volunteering mean to you” was created to help the researcher understand why older adults participate in volunteer activities. Rough categories of answers that seemed to belong together were created and coded with key words. For example, one answer (I think of volunteering as helping other people) or another answer (you are a positive change in the community) was labeled with the term “usefulness” All answers were listed again but this time per code, so there were five lists. Please see below for an example

<i>Usefulness</i>	<i>Perceptions of Physical and Mental Health</i>	<i>Encouraging Others</i>
8. I think we are obligated to give back 5. I think of volunteering as just helping other people 2. You are a positive change in the community and it is good to make a change	3. It is good to be healthy. I get energized when I volunteer 7. I feel happy, healthy, giving, and serving when I volunteer	10. I would love to see older people volunteer. 1. I just keep on encouraging them that is the main thing

Each transcript was read line by line and the data was placed into meaningful segments. Theme phrases were established as well as key words, definitions of theme phrases, individuals included in the theme phrases, and individuals excluded from theme phrases. Whenever a meaningful segment (theme phrase) was found in the text of the transcript it was assigned a number to signify that particular segment. This process continued until all of the data had been segmented into theme phrases and assigned a number. A code book was kept of all theme phrases developed and used in the research study.

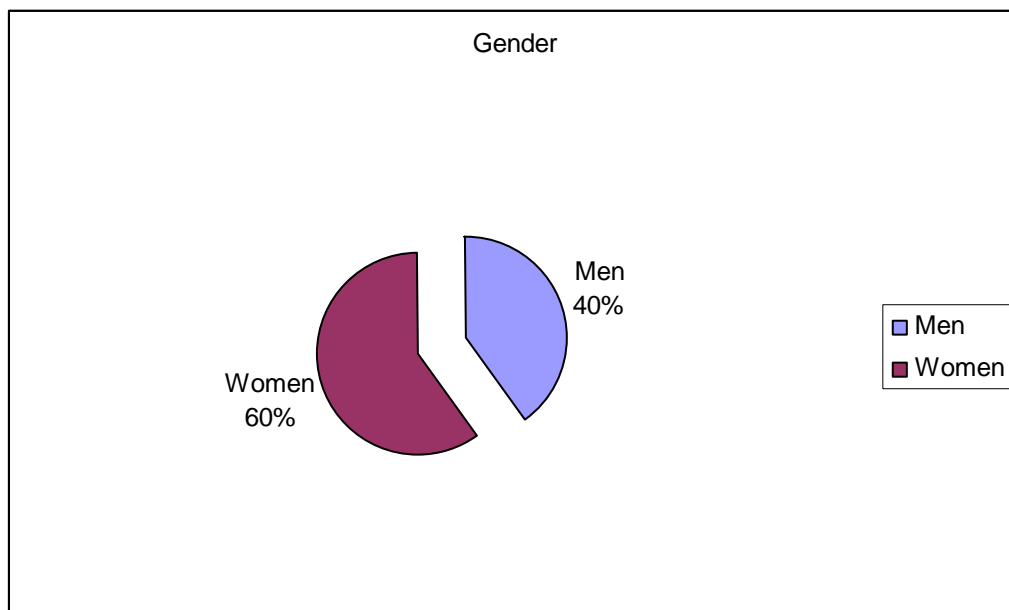
Establishing trustworthiness ensures the quality of the findings. It increases the confidence of the reader that findings are worthy of attention. In order to reduce the chance of systematic bias data for this research was collected from different sources, that is, different participants. In addition, a second coder was used to analyze the data, develop and test the coding scheme. The conclusions of the primary researcher and second coder should be consistent and congruent. Initially the researcher and second coder discovered some discrepancies in their individual interpretation of the themes.

Time was spent face-to-face discussing selected interviews and ultimately agreement was reached and each coder felt confident reliability had been established. The Cohen's Kappa was established at 85%. Cohen's Kappa measured the agreement between two raters who each classified  $N$  of items into  $C$  mutually exclusive categories.

## Chapter 4 – Results

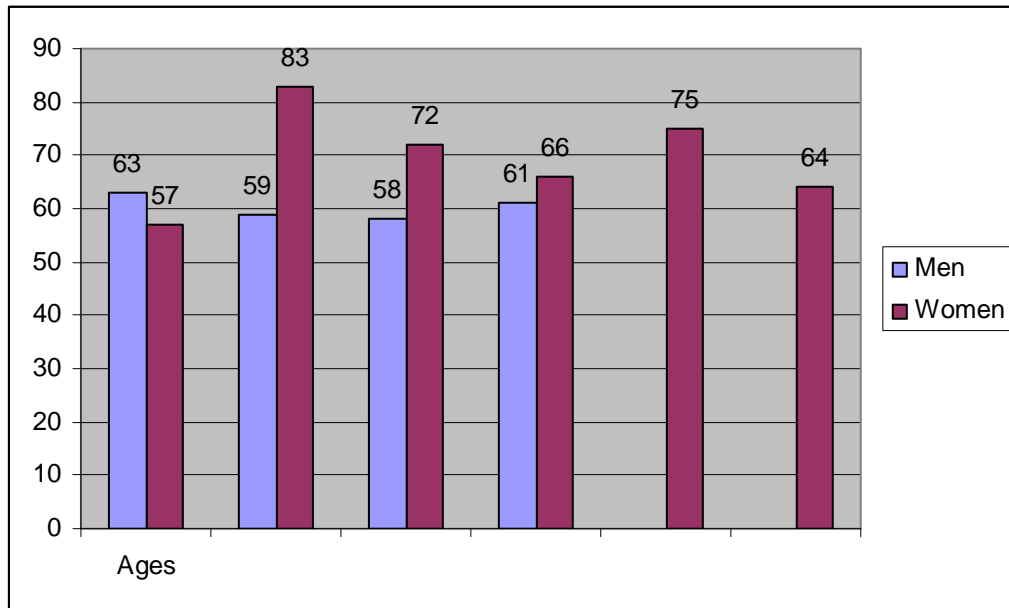
This research project consisted of ten participants. Two participants volunteered for the Senior Resource Center, two participants volunteered with the Colorado Aids Project and the Food Bank, one participant volunteered at the Denver Aquarium and Colorado Aids Project, one participant volunteered at the Denver Aquarium, two participants volunteered at a hospital in Metro Denver, one participant volunteered for the City of Arvada, and one participant volunteered through her club, The American Legion.

Table 1: Gender of Participants



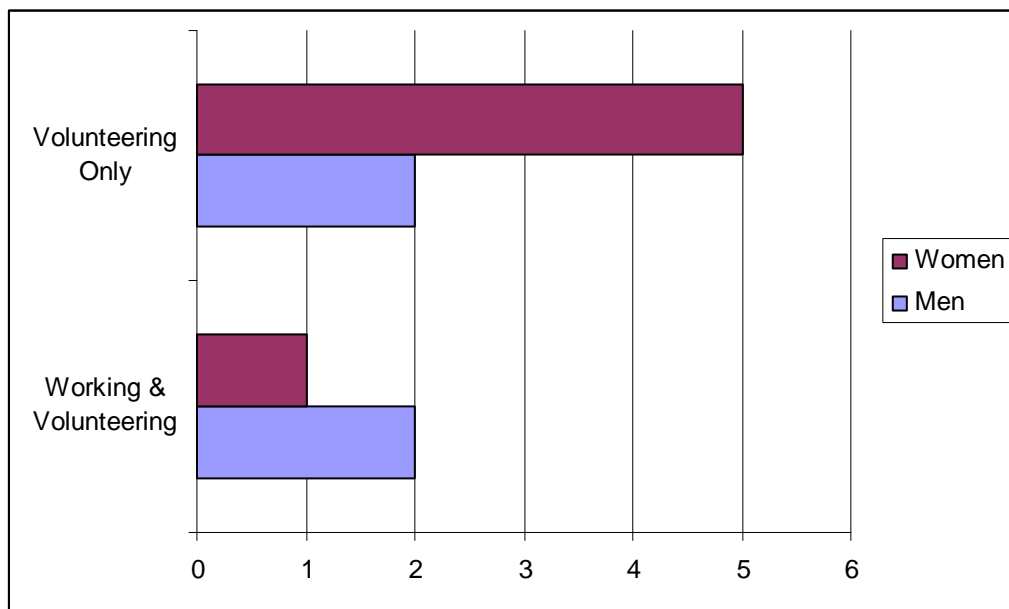
Six women and four men participated in the interviews.

Table 2: Age of Participants



The ages of the men and women are shown in the table above.

Table 3: Employed Volunteers/Non-Employed Volunteers



Three people were still working while volunteering, one woman and two men.

All 10 participants in this research project commented they felt many components of their volunteer experiences impacted their perceptions of physical and mental health. The idea of volunteering represented an opportunity for them to feel useful, help others, give back to their community, and feel socially engaged and connected. As a result of these activities the volunteers felt volunteering made them more aware of how they felt physical and mentally when they volunteered. In addition, the participants expressed how they might feel emotionally and physically if they were unable to continue volunteering and how important it was to encourage others to volunteer.

*Feeling of Usefulness, Helping Others, Giving Back to the Community, and Feeling Socially Connected*

Every volunteer in this research project stated how important it was to feel worthwhile, useful, and have purpose in their lives. They felt by volunteering they were physically and mentally involved with life. Studies have shown that volunteering activity can have important psychological and other health benefits for the volunteers themselves. There is a strong correlation between volunteering and social participation on the well-being, quality of life, and longevity of individuals, and particularly older individuals (Onyx & Warburton, 2003). In particular, volunteering is said to provide a role identity and sense of purpose for those retired from paid work (Greenfield & Marke, 2004).

One participant grew up in Southern California, and expressed a strong connection with volunteering and community particularly volunteering for the Colorado



Aids Project and the Food Bank. This participant said:

“I think it is a sense of giving back to the community. Helping others that can’t help themselves sometimes and otherwise it is just to help the community. It has always been really good to me. When I was younger I really needed that support and I found agencies and places to help me. So when I got into a better spot in life, I was able to understand how important it is and how much there was a need for people to volunteer, That is when I really started getting involved more than anything. I guess when I really started, me personally, when I really got involved was when AIDS became really important when I watched a lot of people die and it became more important to help because I had to help.”

Another participant, who has been volunteering for over 20 years stated:

“I wanted to say I had something to do. I wanted to feel useful. I wanted to feel useful again. If you loose your ability to participate in life you might as well just hey you might just as well ..... ahh die, you know quit eating and die.”

Volunteering by older adults appeared to present substantial benefits to communities, organizations, and the volunteers. The benefits range from the opportunity to be productive and to be socially engaged and generative, to known health benefits of regular, structured activities and remaining physically and mentally active and alert.

#### *Perceptions of Physical and Mental Health*

Many of the participants shared similar perceptions of their physical and mental health as volunteers. The participants often mentioned how they enjoyed being active, being mentally challenged, and continuing to grow and learn as they participated in volunteer activities. One participant who still works and is actively involved on the local political scene as well as volunteering at the Food Bank and the Colorado Aids Project

stated:

“It is good to be healthy. I like having the energy so I can share with people. I get energized when I volunteer. It feels good. Volunteering keeps life in balance.”

Another participant, who is the only woman still working, and volunteering at the Denver Aquarium and Colorado Aids Project, stated:

“Right now it is good for me to volunteer. It keeps me busy. Volunteering is a way for me to stay alive and not stop growing. I want to be active. So the activity helps me to get into a better mental state. Volunteering puts you in a spot where you have to be positive. It keeps you on a positive path and keeps you mentally active.”

Many of the participants interviewed expressed a feeling of physical and mental exhaustion at times. Working with challenging clients at the Food Bank or Colorado Aids Project often took its toll on these individuals. However, they realized and expressed their anticipation of their next volunteer day. Several participants stated driving to see clients, or volunteer at the Denver Aquarium, Food Bank, and Senior Resource Center lifted up their spirits and they became energized both physically and mentally.

In a study conducted by UnitedHealth Care/Volunteer Match, March 2010, volunteers agreed that volunteering has made them feel physically better and kept them more physically active. In addition, these volunteers rated their state of satisfaction with their current physical health significantly higher than non-volunteers (UnitedHealth Care/Volunteer Match, 2010). In the same study, an overwhelming majority of volunteers agreed that volunteering has improved their well-being and deepened their

sense of purpose in life. In fact, volunteers are significantly more likely than non-volunteers to relate volunteerism to improvements in various positive emotional states. Volunteers also are significantly more likely to rate their mental well-being favorably (UnitedHealth Care/Volunteer Match, 2010).

### *No Longer Volunteering/Reasons*

Because volunteering was so important to these participants, it was important to understand why they might stop volunteering and how they would feel about that decision. Every individual interviewed indicated volunteering had become such an integral part of their lives it was difficult for them to imagine no longer being able to participate in volunteer activities. Many felt if they were no longer able to volunteered it would be because of a catastrophic illness or changes in the organization. Several volunteers felt it was important for organizations to appreciate and acknowledge the work of their volunteers. Sometimes organizational policies and procedures did not mesh with the volunteer's expectations.

One participant stated:

“What do you mean stop volunteering! If did stop volunteering it would be because of a catastrophic illness or something major with the organization.

Another participant, who continues to work and volunteer at a local hospital made this comment:

“Well, I am an older person and I have been around a long time. Once again I have gotten to this age and keep volunteering for stuff and I don't see myself stopping. If I did stop it might be

because that particular thing came to an end. There are some times for instance like working here at the hospital they don't want you doing it more than two to three years and then they try to get new people in on it. I kind of look for the next opportunity that seems productive and useful for somebody

In general, the participants stated they would only stop volunteering for these major reasons; illness, the need for volunteers in the organization ceased to exist, and conflicts within the organization arose and could not be resolved. Several of the participants stated they would feel sad about their decision to stop volunteering as their volunteer activities were a major part of their lives.

#### *Encouraging Others to Volunteer*

Because these ten participants enjoyed their volunteering experiences immensely, this researcher was anxious to understand how these individuals would encourage others to volunteer. The majority of answers reflected their passion for volunteering. Many stated they would simply explain to anyone interested in volunteering what they did, how they felt when they volunteered, physically and mentally, and how much fun they had. They would encourage others to come along and "see what we do." Several felt even if a potential volunteer was not in optimal health there was always something they could do in an organization.

This participant stated:

"Mostly just causal conversation. Not everybody is as gung ho as I am. Be an example, and I do. I say "you need something to do" and I Encourage them to come along with me and see what I do."

This participant does a nice job of summing up what to say and how to encourage others to volunteer:

“ I would just ask ..... that is how I have gotten people in this group I am in. I just ask, I just explain what it is, what you are going to get out of it and why you should come out and give it a try. If you like it great and if you don't that is fine too. I think, I guess, that is the teacher in me, I don't think you can explain it or give somebody a flyer or anything. I think you just have to come out and try it and see what it is like. Plus it is good for them. Yeah but I think it has to be a first hand experience and I think it, I think the other thing about that is that it is just a practical thing. I think it is a fair way to ask somebody to check things out but also I think it is hard to turn somebody down when they ask you in that way. You know we could use an extra hand next week doing whatever we are doing and can you come along and maybe they will do more. So that is what I would say. Every body on our team has been asked by some else to come and see what we do.”

While it is difficult sometimes to encourage others to participate in volunteer activities, these volunteers who participated in this research project felt an overwhelming belief in the interpersonal and societal benefits of being a volunteer. Each one had a strong sense that volunteering was an important service to others and agreed that volunteering can help create strong and healthy communities. Because they are dedicated to what they do in the realm of volunteering they appeared to be the best resource for recruiting additional volunteers.

## Chapter 5 – Discussion, Conclusions, and Recommendations

It is clear from the literature review and this research project there are a broad range of benefits for older adults who volunteer. In addition, there appears to be a direct link to these volunteer activities and how volunteers perceive their physical and mental health.

Time and time again, the participants in this project stated the importance of being involved in their community, giving back, having purpose, feeling worthwhile, and being engaged socially. The very act of volunteering increased their own awareness of how they felt physically and mentally. Many of them stated volunteering gave them more energy, kept them active, and challenged them mentally. Several participants stated they looked forward to their volunteer time and it lifted up their spirits if they were in a low mood. Volunteering provided these individuals with a healthy boost to their self-confidence, self-esteem, and life satisfaction. By doing good for others and the community, their services provided a natural sense of accomplishment. Their roles as volunteers gave them a sense of pride and identity.

Many of the participants spoke at great length about their volunteer duties, what they did, how they helped others, and how they felt. Some of them spoke of depression and how important volunteering was to help reduce the risk of depression. A key risk for depression is social isolation. Volunteering kept these individuals in regular contact with

others and helped them to develop a solid support system. One volunteer, who was divorced, has developed a broad range of friends through her volunteer activities and now has several travelling companions. All of these volunteers were adamant about how volunteering is good for your health at any age, but especially in older adults. As was stated in the literature, studies have found that those who volunteer have a lower mortality rate than those who do not, even when considering factors like health of the participants.

Volunteering played such a major role in the lives of these people and it was hard for them to imagine not volunteering. Many expressed the only reason they would stop would be due to health. It was interesting to note, however, a few individuals suggested they might stop volunteering if there were a change in the organization they volunteered with or they felt they were not appreciated. Lastly, this researcher was interested in how these volunteers would recruit others. Many of the participants stated they would recruit by example and letting other people know what they do. They mentioned explaining how volunteering can be fun and an easy way to explore your interests and passions. Some participants in the project stated it was important to think about what you would enjoy doing and suggested finding volunteering opportunities that matched both your skills and interests.

This study was not without limitations. As in many qualitative studies, the number of participants was relatively small. Notwithstanding this, the overall enthusiasm

for volunteering expressed by the participants, and their perception of physical and mental health when they volunteer was encouraging. While there is considerable literature available on the benefits of volunteering from a physical and mental perspective, I believe there is the opportunity to explore further direct links to the volunteer's perception of *how* they feel physically and mentally when they volunteer. In addition, there is a need to develop strong volunteer recruiting organizations to investigate the best solutions to ensuring a highly satisfying volunteer experience for those who wish to participate, especially the baby boomer population.

As mentioned previously in the literature review, baby boomers see volunteering as a core part of their life going forward. This group of people look for clear, effective, and well-managed volunteer opportunities that will utilize their skills and experiences. This population has the largest concentration of transferable skills. With these professional skills, the baby boomers represent a major opportunity to bring millions of dollars worth of assistance to the nonprofit sector. The necessary infrastructure, however, is not yet in place and must be created to deliver professional-grade engagements for this group of volunteers. There is a need for further research and the need for a new paradigm to be created to reach out to baby boomers and engage them as volunteers. As stated by one baby boomer: "I want to feel like the specific skills and experience I'm bringing to the table are helping; I don't want to be just another warm body" (Hurst, Firestone, & O'Grady, 2010). People are donating



their valuable time, so it is important that the volunteers enjoy and benefit from volunteering.

As seen from every aspect of this research project, volunteering has tremendous benefits, both physically and mentally, for those who participate. With an ever increasing population of older adults and people living longer it only seems sensible to utilize this wealth of talented, skilled, and dedicated group of people in the healthcare services arena.

Organizations are facing budget cuts and program cuts because of lack of financial resources. Volunteers can contribute immensely to retention of these programs. By utilizing volunteers both the organization and volunteer remain vital components of a community.

Since the 1990s, hospitals in the United States have had a great deal of pressure to produce high quality care at minimum expense. This pressure is primarily the result of manage care organizations and their ability to control hospital reimbursements, thus indirectly influencing a hospital's profit margin. Furthermore, the implementation of utilization review in many managed care settings has motivated hospitals to use minimum resources in the provision of care. With these developments, the benefits of using volunteers in a hospital setting are multiplied. The volunteer workforce is cost effective and can greatly enhance quality in a hospital setting (Handy & Srinivasan, 2004).

Volunteers play vital roles in patient care and a variety of support services that contribute to the added comfort and happiness of patients and their families (Handy & Srinivasan, 2004). Volunteers assist patients with prompt responses to their nonmedical

needs and reduce the anxieties of being vulnerable and alone – a common and significant occurrence. As hospitals grow larger and become more specialized and technologically sophisticated, the effective use of volunteers is vital in maintaining a human and personal touch (Handy & Srinivasan, 2004).

Working with patients and with health professionals, volunteers help not only to contain expenses but they also affect the level of care and comfort provided to patients and their families.

This quote from Harriet Naylor captures the essence of why people volunteer and why they have such passion for what they doing:

“Volunteering can be an exciting, growing, enjoyable experience. It is truly gratifying to serve a cause, practice one’s beliefs, work with people, solve problems, see benefits, and know one had a hand in it.”

Harriet Naylor

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## **APPENDIX A**

### **Informed Consent Form**

#### ***Invitation to Participate***

You are invited to participate in a research project titled: Senior Adult Volunteers: How Volunteering Affects the Physical and Mental Health of These Volunteers. This study will be conducted by Katie Elliott, a student from Regis University, Department of Health Services Administration, under the direction of Tristen Amador, PhD, MSW.

#### ***Basis of Subject Selection***

You are invited to participate in this study because you are male or female, over the age of 55, currently participating in a volunteer program in the metro Denver area, and speak English as a primary language.

#### ***Purpose of the Study***

The purpose of this research project is to understand how volunteering by senior adults affects the physical and mental health of these volunteers.

#### ***Explanation of Procedures***

You will be interviewed on a one-on-one basis. You will be asked interview questions regarding your experience as a volunteer in community based programs in the metro Denver area. The interviews will be tape recorded and transcribed shortly after the interview is completed. The purpose of the one-on-one basis is so the researcher, Katie Elliott, will be able to understand your volunteer opportunities.

#### ***Potential Risks and Discomforts***

There are no anticipated risks with this study.

#### ***Potential Benefits***

There will be no benefit to you in participating in this study other than an opportunity to express the importance volunteering plays in your lives.

#### ***Financial Obligations***

The only expense you will have is transportation to and from the interview site. If the interviews are conducted at the location of your volunteering activities, the researcher will make arrangements to meet you there.

***Assurance of Confidentiality***

Any information you share in this study will remain strictly confidential. Your name will not be traced to this data. Your interview results will be identified only by a fictitious name. Information gathered in this study may be published in a professional journal or presented at professional meetings. However, in such situations your identity will not be revealed.

***Withdrawal from the Study***

Participation in this study is entirely voluntary. Your decision to participate or not will not affect your volunteering activities. If you choose to participate, you are free to withdraw from the research project at any time without bias from the researchers.

***Offer to Answer Questions***

If you have any questions now or at any time during the course of this research project, please ask them. If you have any questions after the interview, please call Katie Elliott or Tristen Amador. If you have any questions concerning your rights as a study participant, you may contact Regis University, Institutional Review Board at 303-964-3616

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Printed Name of Subject

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Signature of Subject

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Date

IN MY JUDGEMENT THE SUBJECT IS VOLUNTARILY AND KNOWINGLY  
GIVING INFORMED CONSENT AND POSSESSES THE LEGAL CAPACITY TO  
GIVE INFORMED CONSENT TO PARTICIPATE IN THIS RESEARCH STUDY.

---

Signature of Investigator

---

Date

Investigators: Primary Investigator, Katie Elliott 720-810-0318 and Faculty Advisor,  
Tristen Amador 303-458-4146

## **APPENDIX B**

### **Interview Guide**

1. What does volunteering mean to you?
2. Why did you decide to begin volunteering?
3. What does physical health mean to you?
4. What does mental health mean to you?
5. If you were not volunteering what other forms of activity would you participate in?
6. If you were to stop volunteering what might be a reason?
7. If you did decide to stop volunteering how would you feel about your decision?
8. What is your perception of physical health when you volunteer?
9. What is your perception of mental health when you volunteer?
10. How would you encourage other older adults to volunteer?